



1706 BEALL AVENUE
 WOOSTER, OHIO 44691
 (330) 264-5851

750 E. WASHINGTON STREET
 STE. B2
 MEDINA, OHIO 44256
 (330) 725-6151

FAX (330) 264-5027

Patient Name _____

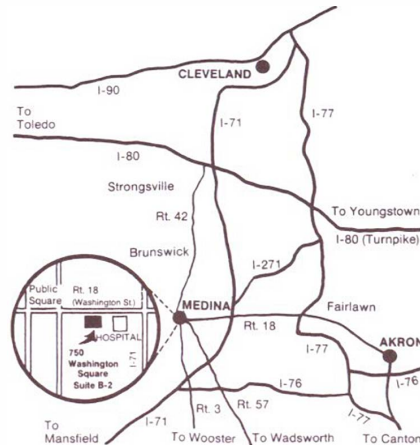
Appointment Date _____

Office Locations

1706 Beall Avenue
 Wooster, Ohio 44691
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750 E. Washington Street, Ste. B2
 Medina, Ohio 44256
(330) 725-6151



Matthew Lemke, DDS, MS

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Fax (330) 264-5027

www.mlperio.com

Introducing _____
 For Periodontal Consultation.

Address _____

Phone _____

Referred by Dr. _____

Date _____

Please provide the information below to the treatment coordinator when scheduling the first appointment.

- _____ Generalized periodontal work-up required
- _____ Isolated periodontal procedure required
- Area _____
- _____ Crown lengthening Area _____
- _____ Temporomandibular Joint Disorder (TMD)
- _____ Implants
- _____ Other

Additional Remarks: _____

Significant Medical Concerns: _____

Is Pre-medication needed? _____

Medication prescribed _____

FULL MOUTH RADIOGRAPHS

SENT WITH PATIENT

MAILED TO BE TAKEN

REMOVE FOR PATIENT
 COMPLETE AND RETURN TO DR. MATIA